Casework Authorization Form
Please carefully read the following and sign below.
"I hereby request the assistance of the office of Congresswoman Stephanie Herseth Sandlin in resolving the matter described below and authorize Congresswoman Herseth Sandlin and her staff to receive any information which they may need in order to provide this assistance."
Signature: Date:
Signature of Spouse: Date: (required if information in spouse's file must also be released)
This information may also be released to the following person or people (for example: spouse, parent, representative):
Please enter the following information:
Name:
Address:
City:
State: Zip Code: -

Home Telephone:

Work:

IMPORTANT - This form does not transmit information.

Please print this page, fill in the information, and send the completed form to:

Congresswoman Stephanie Herseth Sandlin 326 East 8th Street, Suite 108 Sioux Falls, SD 57104

Or call toll free: (866) 371-8747

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